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Avoid Potentially Disabling Diabetic Foot Ulcers

[admin](#) | March 7, 2013 | [Comments \(1\)](#)



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One of the most frequent complications of diabetes is neuropathy or nerve damage, which can cause diabetic foot ulcers. The commonest type of diabetic nerve damage is called peripheral neuropathy and affects the nerves in the feet and legs. This type of neuropathy can lead to a condition called diabetic foot ulcers and other problems ([such as Charcot Foot, which was the subject of The Real Diabetes Truth on 21 June 2012](#)) and, if left untreated, can result in amputation. It is a shocking fact that every 30 seconds somebody in the world undergoes an amputation as a result of diabetic foot problems. If that wasn't bad enough, recent research suggests that having diabetic ulcers also increases your risks of death, heart disease and stroke.

How the nerve fibres become damaged in diabetes is not entirely clear, although research suggests that high blood glucose levels alter the metabolism of nerve cells and also lead to reduced blood flow to the nerves. Although diabetic neuropathy can lead to symptoms of pain, burning or "pins and needles" that cause discomfort, it can also result in a loss of ability to feel pain and other sensations. It is this loss of feeling in the feet that often underlies the development of diabetic foot ulcers.

Sufferers may tend to put a lot of pressure on one spot when walking, without realising it, often on the heel or the ball of the foot. This leads to callus formation, then to breakdown of the underlying tissues and the formation of an ulcer. Shoes may also be worn too tight, without the discomfort this would normally cause, so that ulcers develop on the instep, toes or other pressure points. As well as excess pressure on the foot, a seemingly harmless injury, such as a scratch, can trigger ulcer formation.

Unlike normal wounds, which form a scab and heal relatively quickly, diabetic foot ulcers tend to heal extremely slowly and can persist as open sores for many months. Narrowing of the arteries as a result of diabetes (peripheral vascular disease) can contribute to the development and persistence of an ulcer, by reducing blood flow to the feet and so delaying healing. In most cases, diabetic foot ulcers respond well to treatment but they dramatically increase the risk of infections, including gangrene, which can lead to a limb amputation.

A newly published study has shown that the incidence of amputation as a result of diabetic ulcers can be halved, simply by taking proper care of the feet. The researchers, from the University of Gothenburg, Sweden, investigated the effects of protecting the foot from overloading and pressure and found that regular check-ups by a foot specialist (podiatrist), custom-made shoe inserts and good information for patients dramatically cut the development of ulcers.

Patients with diabetes, who were at risk of developing diabetic foot ulcers, wore one of three different kinds of shoe inserts for two years. Less than one per cent of them developed ulcers during the study period, compared with the three to eight per cent incidence reported for similar patient groups. No significant differences were found between the types of inserts used – all gave a high level of protection.

Check for diabetic foot ulcers as regularly as you brush your teeth

The key factor in avoiding potentially disabling diabetic foot ulcers is awareness. Check your own feet every day and also get them checked regularly by a medical professional for sensation, calluses and areas of tenderness or inflammation. See your doctor immediately if you suspect that you may have a foot ulcer. Always wear sensible, supportive shoes and don't walk barefoot, to minimise the risk of injuries. Make sure that you get a referral to a podiatrist for a full assessment of your feet and the way you walk, so that you can get detailed advice on foot care and made-to-measure inserts to wear in your shoes if necessary.

Diabetic foot ulcers occur most frequently in people who have had diabetes for many years and in those with poorly controlled blood sugar levels, so it is crucial to keep blood sugar levels under control and as even as

possible by following a low glycaemic load (low GL) diet and avoiding sugary snacks. Other risk factors include high blood pressure, high cholesterol, cigarette smoking, inadequate physical activity and excess body weight.

In my posts for The Real Diabetes Truth, I often mention the dangers of dietary sugar, which is implicated not only in the development of both type 1 and type 2 diabetes, but also in many of the complications of these diseases. The plain fact is that white sugar is not a nutrient, it's a poison.

The true nature of "the white death" was recently revealed in a Spanish study that shows how high blood sugar levels switch on cancer genes. That will be the subject of my next blog post.

Wishing you the best of health,

Martin Hum
PhD DHD Nutritionist
for Real Diabetes Truth



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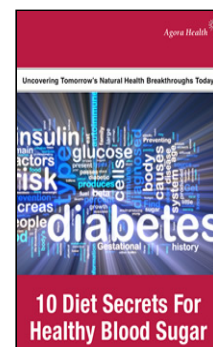
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